

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

37300

FILED DEC 6 1943

Registration District No. 1000

Primary Registration District No. 1000

State File No. 1283

Registrar's No. 1283

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Missouri Methodist  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Hosp. 28 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Margaret Schletzbaum

3. (b) If veteran, name war.                      3. (c) Social Security No.                     

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife                      6. (c) Age of husband or wife if alive                      years

7. Birth date of deceased July 17-1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 4 9                      hr.                      min.

9. Birthplace Doniphan Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation retired county clerk

11. Industry or business                     

MOTHER FATHER { 12. Name Joseph Schletzbaum  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Christiana Feller  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Troy, Kansas

(b) Address Removal  
(Burial, cremation, or removal) (b) Date thereof 11-19-43  
(Month) (Day) (Year)

(c) Place: burial or cremation Troy, Kansas

18. (a) Signature of funeral director E. F. Karr

(b) Address Troy, Kansas

19. (a) 11-19-43 (b) Rae Herzog  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Doniphan  
(c) City or town Troy  
(If outside city or town limits, write "RURAL")  
(d) Street No.                      (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country                     

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11-19 day 19  
year 1943 hour 7 minute 0 AM.

21. I hereby certify that I attended the deceased from 10-29 1943 to 11-19 1943  
that I last saw her alive on 11-19 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma with generalized metastasis  
Due to Carcinoma of Stomach

Due to                       
Other conditions                       
(Include pregnancy within 3 months of death)

Major findings: Of operations                       
Of autopsy                     

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)                       
(b) Date of occurrence                       
(c) Where did injury occur?                      (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?                     

While at work?                      (Specify type of place) (e) Means of injury                     

23. Signature P. Forgrave (M. D. or other)                       
Address St. Joseph, Mo. Date signed 11-19-43

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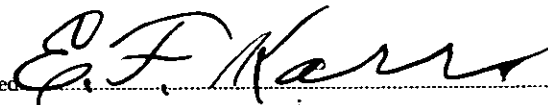
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed



Licensed Embalmer No. 2586 Missouri

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 202

Registrar's No. 1283

Registration District No. 42

Primary Registration District No. 1000

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution (Specify whether  
In this community years, months or days)

3. (a) PRINT FULL NAME Margaret Schetzbaum  
3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased July 17 1880  
(Month) (Day) (Year)

8. AGE: Years 77 Months 4 Days 1 If less than one day min.

9. Birthplace Kanran  
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Bertha Hayton

(b) Address Troy, Kansas

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) Ree H. H. H. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County  
(c) City or town (If outside city or town limits, write "RURAL")  
(d) Street No. (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov Day 19 Year 1943 hour 10 minute 00 M.

21. I hereby certify that I attended the deceased from 1943 to 1943 that I last saw him alive on 1943 and that death occurred on the date and hour stated above. Immediate cause of death Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury

23. Signature (M. D. or other)

Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

PHYSICIAN

Underline the cause to which death should be charged statistically.

37804